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PTO/SB/21 (09-04)


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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/714,725          |
|   | Filing Date            | 11/17/2003          |
|   | First Named Inventor   | CHEN, Samuel        |
|   | Art Unit               | 3711                |
|   | Examiner Name          | Collins, Dolores R. |
|   | Attorney Docket Number | GameTable.01        |
| Total Number of Pages in This Submission  |                        | 7                   |

| ENCLOSURES (Check all that apply)  |  |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>RETURN POSTCARD |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm Name                                  | LAW OFFICES OF CLEMENT CHENG  |
| Signature                                  |  |
| Printed name                               | CLEMENT CHENG   |
| Date                                       | 4-13-2005 5/18/05   |
| Reg. No.                                   | 45463   |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |
|---|---|
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| Signature   |                                        |
| Typed or printed name   | Clement Cheng, Esq.<br>Plaza Del Lago Building<br>17220 Newhops St #121<br>Fountain Valley, CA 92708<br>www.clemcheng.com |
| Date  | 4-13-2005 5/18/05   |

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Appl. No. # 10/714,725  
Amdt. dated  
Reply to OA of 1/18/2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                          |  |
|--------------------------|--|
| Applicant: CHEN, Samuel  | ) Examiner: Collins, Dolores R.        |
|                          | )                                      |
| Serial No.: 10/714,725   | ) Art Unit: 3711                       |
|                          | )                                      |
| Filed: 1/18/2005         | ) Attorney Docket Number: GameTable.01 |
|                          | )                                      |
| For: MULTIPLE GAME TABLE | )                                      |
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|                          | )                                      |

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Dear Examiner:

In response to the Office Action on 11/17/2004 please make the following amendments to the application.

Claims begin on page 2 of this paper

Remarks/Arguments begin on page 5 of this paper

  
Clement Cheng, Esq.  
Plaza Del Lago Building  
17220 Newhope St #127  
Fountain Valley, CA 92708  
www.clemcheng.com